2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026297

VENICE AVENUE, L.L.C.

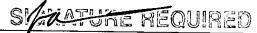


FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90575 026 ****50.00

Principal Place of Business 1901 S TAMIAM! TRAIL VENICE FL 34293		Mailing Address 1901 S TAMIAMI TRAIL VENICE FL 34293	1901 S TAMIAMI TRAIL						
2. Principal	Place of Business	3. Mailing Address							
		or Mailing Address	or Walling Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HAND ON BOUND HOUR DEADER CONTRACT	OTOLOGIA SHOUL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Nun	nber 22 - 3876	R 78		opplied For
Zip Country		Zip	,		5. Certifica	ate of Status Desired	□ \$	5.00 Ac	dditional
	6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of New Reg	istered Ag	ent	
CLC	DUTIER, JACQUES			Name					
190	1 S TAMIAMI TRAIL IICE FL 34293		Street Addr		(P.O. Box Number is Not Acceptable)				
			_	City		-	FL	Zip Coo	
8. The above the obligat	e named entity submits this statement tions of registered agent.	t for the purpose of changing i	ts register	ed office or registere	ed agent, or b	ooth, in the State of Florid	la. I am far	niliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	VIC: Docistors	J.A		*			
	o Transport Agricultural of Togration agricultural		-	d Agent signature required	when reinstating)		DATE		
				FEE IS \$50.00					
		Make Check Payal	DIE TO FIG DE Ry Ma	orida Departmen sy 1, 2003	nt of State				
9.	MANAGING MEMI	BERS/MANAGERS	10.						
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NAME	CLOUTIER, JACQUES	L Delete	NAME	1			L] Change	☐ Addition
STREET ADDRESS	1901 S TAMIAMI TRAIL		STRE	ET ADDRESS					
CITY-ST-ZIP	VENICE FL 34293		CITY-	-ST-ZIP					
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	ertify that the information supplied wit	h this filing does not await to	CITY-S	l l					
		o ana muou does dot duality to	r ina avam	antion stated in Sect	tion 110 07/0\	(3) [[[a-1]a] Ot-1 1 1 1 1			

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



1-9-05